

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)		09/869629	
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51			
2	1					52			
3	1					53			
4	21					54			
5	21					55			
6	21					56			
7	21					57			
8	21					58			
9	21					59			
10	21					60			
11	21					61			
12	21					62			
13	21					63			
14	21					64			
15	21					65			
16	21					66			
17	21					67			
18	21					68			
19	21					69			
20	21					70			
21	21					71			
22	21					72			
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24	21					74			
25	21					75			
26	21					76			
27	21					77			
28	21					78			
29	21					79			
30	21					80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL	1					TOTAL			
TOTAL	1					TOTAL			
TOTAL	1					TOTAL			
TOTAL	1					TOTAL			

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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